

07/27/01

JC682 U.S. PTO

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Approvedforusethrough01/31/2004.OMB0651-0033
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PTO/SB/50(02-01)

REISSUE PATENT APPLICATION TRANSMITTAL

Addressto:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

MOL 0530 RE

First Named Inventor

Vittorio de Nova

Original Patent Number

6,093,304

Original Patent Issue Date
(Month/Day/Year)

7/25/2000

Express Mail Label No.

ET302930280US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37CFR1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claim small entity status. See 37CFR1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37C.F.R. §1.175)(PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37C.F.R. §3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37CFR1.173(c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)



Correspondence address below

Name

Jayadeep R. Deshmukh

Address

6 Meetinghouse Court

Zip Code

08540

City

Princeton

State

NJ

Fax

609 688 0954

Country

USA

Telephone

609 688 0202

NAME (Print/Type)

JAYADEEP R. DESHMUKH

Registration No. (Attorney/Agent)

34,507

Signature

Date

7/27/01

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PTO/SB/56 (12-97)
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) MOLO530 RE	
Claims as Filed - Part 1							
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 25	Total Claims (37 CFR 1.16(j))	(B) 44	19 =	x \$ 18 =	342	x \$ 18 =	342
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	2 =	x \$ =		x \$ 80 =	160
Basic Fee (37 CFR 1.16(h))				\$		\$ 710	
Total Filing Fee				\$	OR	\$ 1212	
Claims as Amended - Part 2							
Total Claims (37 CFR 1.16(j))	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
	MINUS		=	x \$ =		x \$ =	
	MINUS		=	x \$ =		x \$ =	
Total Additional Fee				\$	OR	\$	

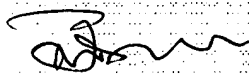
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

7/27/01
Date


Signature of Applicant, Attorney or Agent of Record

Jayadeep R. Deshmukh
Typed or printed name

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